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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *[Signature]*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *[Signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NE	SHEETS DRAWING 8	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 2
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Verified and Acknowledged *[Signature]* 11-16-05  
 Examiner's Signature Initials

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TITLE  
 Detection of endothelial dysfunction by ultrasonic imaging

FILING FEE  RECEIVED 603	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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